Michigan Education Trust Payroll Deduction Authorization
(Use one card for each MET contract)

Complete this form if your employer is willing to process payroll deductions to the Michigan Education Trust. Send completed form to: Michigan Education Trust, P.O. Box 30198, Lansing, MI 48909. If questions, call 1-800-MET-4-KID.

MET Contract Number

☐ New Payroll Deduction Request   ☐ Change Deduction Request   ☐ Stop Deduction Request

GENERAL INFORMATION

Employee Name (Last, First, M.I.)	Employee Social Security Number

Employee Home Address

Home Telephone Number	Business Telephone Number

Beneficiary Name (Last, First, M.I.)	Beneficiary Social Security Number

EMPLOYER INFORMATION

Company/Employer Name	Employee I.D. Number

Employer Address

Name of Human Resources Contact Person	Telephone Number of Human Resources Contact Person

CALCULATING YOUR PAYROLL DEDUCTION AMOUNT (new requests only)

1. Enter the monthly purchase amount from line 20 of Contract signature page	
2. Multiply the monthly purchase amount on line 1 above x 12	
3. Determine the number of paydays you have annually. **Pay frequency** **No. of annual paydays** Weekly 52 BiWeekly 26 SemiMonthly (twice each month) 24 Monthly (once every month) 12 Other ___ Enter the number of annual paydays	
4. Divide the amount in line 2 by line 3. Enter the exact amount including cents (round up if necessary). **This is your payroll deduction amount** (enter here and in Authorization section below)	

CHANGE OR STOP PAYROLL DEDUCTION

I hereby request and authorize my employer to   ☐ Change Deduction   ☐ Stop Deduction
from my earnings each pay period for my Michigan Educations Trust Contract.
Current deduction $ _____   New amount $ _____

Signature	Date

AUTHORIZATION

I hereby request and authorize my employer to deduct $ _____ from my earnings each pay period for transmittal to the Michigan Education Trust. This authorization is revocable by me upon written notice to my employer or upon completion of my MET monthly purchase contract. I also authorize MET to correct and notify me of any error in the calculation made on the back of this form.

Signature	Date

OFFICE USE ONLY

Total Amount	MET Deduction Code